



## CITY OF CANAL FULTON INCOME TAX DEPARTMENT BUSINESS & PROFESSIONAL QUESTIONNAIRE

For the purpose of our records, with regard to Canal Fulton Income Tax, please complete and return this Questionnaire promptly.

1. Local name and address as used for business purposes:

Trade Name \_\_\_\_\_

Location \_\_\_\_\_

Employer ID Number \_\_\_\_\_

2. Nature of business conducted \_\_\_\_\_

3. Accounting period used for Federal Income Tax Purposes:

(Check which - if Fiscal Year, write in ending date)

Business Operation Began

\_\_\_\_\_ Calendar Year Ending December 31 \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_ Fiscal Year Ending \_\_\_\_\_

4. Do you now employ one or more persons? \_\_\_\_\_

5. Do you expect to have employees in the future? \_\_\_\_\_

6. Do you at any time during the year employ persons WHO ARE SUBJECT TO CANAL FULTON INCOME TAX  
and from whom you do NOT withhold the City Income Tax? \_\_\_\_\_

ATTACH LIST OF SUCH PERSONS, showing names and addresses.

7. Type of ownership - check which:

\_\_\_\_\_ Individual Proprietorship

\_\_\_\_\_ Corporation

\_\_\_\_\_ Partnership

\_\_\_\_\_ Non-profit Corporation

8. If partnership, association or other unincorporated joint business venture, indicate how  
the Canal Fulton Income Tax Return, upon the net profit, will be filed and paid.

Check which:

\_\_\_\_\_ in full by the Business

\_\_\_\_\_ separately by the individual members on proportionate shares

9. Address to which the tax forms are to be mailed:

Send Business Net Profit Tax Return Form to:

Name \_\_\_\_\_

Care of \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

10. Send Withholding Report Tax Form To:

Name \_\_\_\_\_  
Care of \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

The information hereby submitted is true and correct - Signature:

Name (if individual) \_\_\_\_\_  
Date Signed \_\_\_\_\_  
Your Phone Number \_\_\_\_\_  
  
Company \_\_\_\_\_  
By \_\_\_\_\_  
Title \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Remit completed form to:  
City of Canal Fulton  
Income Tax Department  
155 East Market Street, Suite #C  
Canal Fulton, Ohio 44614

